

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/005,876

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			2/14/04		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		
46											
47											
48											
49											
50											
TOTAL IND.	3		1					2			
TOTAL DEP.	42		4					36			
TOTAL CLAIMS	45		5					38			
51											
52											
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97											
98											
99											
100											
TOTAL IND.	2										
TOTAL DEP.	36										
TOTAL CLAIMS	38										

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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